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Original Department.

Lecture.

SORE THROAT.

Two Lectures, delivered Sept. 24th and Oct. 1st, 1874, in Jefferson Medical College,

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LECTURE II.

Gentlemen:—To-day I invite your attention, in the first place, to a frequent form of sore throat often mistaken for diphtheria, but which, unlike diphtheria, is rarely or never fatal in itself; the tendency being to recovery, and death taking place only under very exceptional circumstances. Its ready cure, under almost any treatment, or even without treatment, accounts for much of the success attributed to indifferent remedies ostensibly employed in the treatment of diphtheria; so that discrimination is, therefore, of the greatest importance in cases of doubt, such as occur when diphtheria is prevalent.

Simple or Common Membranous Sore Throat.

Non-malignant membranous sore throat, herpetic sore throat, aphthous sore throat; angina membranacea, angina herpetiformis; herpes pharyngea, herpes gutturalis; angina couenneuse commune (Fr.).

Membranous Sore Throat is characterized by the eventual exudation of a fibrinous deposit, which coagulates on the surface of the mucous membrane into a pellicle or pseudo-membrane. It is not infrequent, and occurs at all seasons of the year. Its tendency is always to recovery, except in rare instances, in which the larynx is simultaneously affected, when the danger arises from mechanical obstruction. Common membranous sore throat is often contracted by susceptible persons during the prevalence of diphtheria, and may then become a starting point for that disease. Its most frequent immediate cause is exposure to cold while the body is overheated or in active perspiration.

The peculiar manifestation of the affection is preceded for two or three days by the symptoms of ordinary sore throat, usually supervening upon chill with febrile reaction, and subsequent symptoms of general systemic disturbance.

The throat is usually affected on one side only, the corresponding submaxillary, or cervical lymphatic glands, when at all affected, becoming involved to a moderate degree only. Deglutition is often difficult and painful, and the parts feel dry and hot, the sensation often extending towards the ear, in some instances into the nasal passages, and occasionally into the larynx.

The tonsils are swollen and become covered with a whitish or yellowish-white pultaceous exudation or deposit, but slightly adherent to the mucous membrane. In addition there is sometimes an accumulation of viscid mucus, more or less ropy, and more or less turbid in appearance. The soft palate, and often its anterior arches, over the swollen tonsils especially, has a fissured or corrugated appearance in many instances, and the membranous coating is distributed more or less irregularly upon it, having often much the appearance of detached layers of epithelium; and when removed by artificial means, at a comparatively early period after its appearance, often reveals an eroded

and sometimes slightly hemorrhagic surface. At a later date the mucous membrane then appears normal on the removal of the deposit, the erosion having healed up meanwhile. The hard palate is rarely ever covered by the deposit, nor the pharynx either, as a rule.

If the throat is examined within a few hours after the commencement of the disease, its initial form may be detected on the palate and uvula, sometimes on the tonsils, and less frequently on the pharynx, in the form of small vesicles, the size of millet seeds or somewhat larger, isolated here and there, or in groups, with more or less turbid contents, and surrounded by zones of inflammation. Occasionally, after a life of a day or two, these vesicles disappear without traces, in which case the membranous deposit will not be formed. Most frequently, however, these vesicles rupture very soon, leaving small ulcers, which become covered almost immediately with a grayish-white plastic exudation. This exudation spreads over the surrounding mucous membrane, and coalesces into similar patches which have commenced in the same way at other portions of the surface. It is very rare, however, that a case is seen at a sufficiently early period to recognize the vesicular nature of the disease.

In many cases a herpetic eruption occupies the corners of the mouth at the same time, or some part of the inner surface of the lips, cheek or tongue, or even the face; under which circumstances there can be no doubt as to the nature of the diagnosis.

Other ulcerated mucous surfaces often become covered with this deposit during an attack of membranous sore throat, and even cutaneous ulcers also; a similarity presenting in this respect to the analogous phenomena in diphtheria, but altogether independent of any toxic evidence of that disease. The general subjective symptoms are those of ordinary catarrhal sore throat.

The prognosis is favorable in common membranous sore throat, recovery being spontaneous, in the majority of cases, in from a week to ten days. It is occasionally fatal, however, chiefly in children, from extension of the pseudo-membrane into the air-passages; death taking place mechanically, by asphyxia.

The Treatment of common membranous sore throat is very simple. Laxatives, anodynes, and demulcents are often indicated. The general treatment, therefore, is similar to that in catarrhal sore throat. Local treatment is rarely requisite, and when called for, can usually be limited to applications of alum, borax, and mild astringents in solution, by brush, syringe, or spray apparatus.

The duration of this disease is not usually more than a week or ten days, as already stated; but in some individuals there appears to be a constitutional proclivity to recurrence or continuance of its peculiar manifestations, extending, with more or less exacerbation and remission, over periods varying from a few weeks to a number of months. Under such circumstances more active treatment is demanded locally, and more vigorous therapeutic interference systemically. The dilute acids frequently applied, *i.e.* every day or so, seem to afford more satisfactory results locally than the ordinary astringent and caustic salts. The internal use of iron and cinchona as tonics, sometimes of opium, not as a narcotic, however, but rather as a special stimulant in small doses, the use of a highly nutritious diet, and the avoidance of unnecessary exposure and exercise, and similar corroborant measures, are indicated to overcome the disposition to its continuance or recurrence.

Common membranous sore throat may become the starting point of malignant or phagedenic sore throat under debilitated conditions of system. The treatment for ulcerous sore throat is then prominently indicated. It may also invite an attack of diphtheria during the prevalence of that disease, under which circumstances there may reasonably be considerable doubt as to the diagnosis. In case such a doubt should be entertained by the practitioner, his most prudent plan would be to treat the case for diphtheria. An unnecessary activity would do no material injury in a case of common membranous sore throat; and if the sequel should determine the case to be one of diphtheria, it would not have suffered neglect under the impression that it was a much less serious disorder. When these doubtful cases are cured, as they almost always are, care should be taken against recommending for diphtheria any inefficient remedy, during the employment of which a case of common membranous sore throat has spontaneously recovered.

A membranous sore throat attends some

cases of phthisis and syphilis in their latest stages; but this subject will not be elaborated here.

The Sore Throats of the Febrile Exanthemata.

Small-pox, measles, and scarlatina are more or less regularly attended by sore throat, which may be catarrhal, phlegmonous, ulcerous or membranous.

The Sore Throat of Small-pox is due to the development of an eruption upon the mucous membrane similar to that which appears upon the skin. It is always, or almost always present in ordinary cases, but less frequently in hemorrhagic cases, or in varioloid. The eruption, which often appears somewhat earlier than upon the skin, occupies the inside of the cheeks, the palate, uvula, and pharynx, and sometimes the larynx also. The maturation of the pustules and consequent ulceration occur more rapidly than in the skin; and with this, there is more or less purulent infiltration of the submucous connective tissues.

The appearance of the disease in the throat is usually indicated by excessive salivation; the secretion increasing in quantity, and becoming more viscid and offensive. In confluent cases the symptoms are more severe; the salivation may amount to one or two pints in the twenty-four hours; thirst becomes intense; deglutition difficult; and expectoration painful. The involvement of the larynx is indicated by hoarseness, and sometimes more or less dyspnœa from œdema in the aryteno-epiglottic folds, or other structures, conditions which, if not averted, sometimes prove fatal by suffocation. Laryngoscopic examination reveals the inflammatory condition in these structures. In the exfoliation of the mucous membrane, again, mechanical obstruction to respiration may result in asphyxia.

Permanent hoarseness or other alteration of voice may result from the laryngitis of small-pox.

The ordinary phenomena are those already detailed, and the treatment is the same as that indicated for catarrhal sore throat generally. Supporting treatment is required when the discharges of saliva, pus, etc., are copious. In cases of dyspnœa threatening suffocation, tracheotomy may be called for as a means of averting impending death.

The Sore Throat of Measles is also a constant attendant upon the exanthem. It is a catarrhal inflammation affecting the air-passages from nostrils to bronchi, rather than the food passages, and is primarily due to an eruption on the mucous membrane, similar to that on the skin. Its severity is often in direct ratio with the severity of the general affection. Evidence of the eruption will usually be found on the palate, a day, or even two days, in some cases, before it is developed upon the skin. These disappear in the course of a few days, though sometimes, in bad cases, a fibrinous exudation is thrown out upon the palate, arches, or tonsils, or the upper portion of the larynx. At other times abscess and ulceration take place, chiefly in the larynx; and this organ, in fact, seems to suffer more than the other structures; and the catarrhal infiltrations may become organized and produce chronic hoarseness from that cause, or they may act as points of departure for the development of morbid growths.

The general symptoms would be those of a severe form of catarrhal sore throat, and the treatment would be conducted on the same principle as for that affection.

The Sore Throat of Scarlatina.—The sore throat of scarlatina has given the name *anginose* to one of its varieties, and in many instances it forms the chief source of danger in the disease. It is often exceedingly severe in character, and apt to leave permanent injury, especially of the Eustachian tube and middle ear. The palate, tonsils and pharynx suffer, rather than the nasal passages and larynx.

The local manifestations appear upon the mucous membranes a day or two in advance of their appearance on the skin, the mucous membrane of the palate, tonsils, and pharynx being deeply congested, uniformly or in patches; and sometimes supporting slight papulous elevations. The palate and tonsils soon become swollen, and in the course of a day or two the tonsils become covered with an opalescent or milky deposit, consisting chiefly of detached epithelial scales commingled with an excessive secretion of viscid mucus. The production of this coating has given rise, in part, to the idea of analogy between scarlatina and diphtheria entertained by some observers. Their occasional prevalence at the same time has also given color to this view. At the same time it must not be forgotten by those who reject this view, that during the pre-

valence of diphtheria the ordinary sore throat of scarlatina may become diphtheritic, without furnishing evidence of that character as an essential element of the scarlatina itself.

The subjective symptoms are those of ordinary sore throat; and these become more and more severe as the disease progresses. The lymphatic glands, at the angle of the jaw, become swollen and painful. This sometimes extends to the deep-seated glands. Sometimes there is serous or sero-fibrinous effusion into the submucous connective tissue, impeding respiration and deglutition; the latter especially, so that fluids taken into the mouth often run off by the nose. As the cutaneous symptoms abate, the throat symptoms subside likewise. The secretion is cast off from the tonsils, and sometimes desquamation of epithelium from the tongue, palate, and pharynx occurs just as desquamation of epidermis from the skin.

In the anginose variety proper, of scarlatina, the symptoms of disease in the throat are much more severe than those already described. The hue of the palate, tonsils, and pharynx is more dusky; the pseudo-membranous deposit is of a dirtier white, an ash, or even a yellow color. The secretion is less apt to be limited to the tonsils; accumulating rather on the palate and palatine arches, and upon the posterior wall of the pharynx. The patches are soft, and resemble the patches that gather on the surface of foul ulcers; they are readily removable, and when removed, are sometimes seen to have really covered ulcerated mucous membrane, and even gangrenous sloughs, in some instances. The general swelling of the parts is much greater than in simple scarlatina; that of the cervical and submaxillary glands being so great and so painful, in some instances, as to prevent the opening of the mouth sufficiently to expose the parts to inspection. A viscid and turbid secretion accumulates in the mouth; and this is expectorated with difficulty. In some cases the nasal secretions dessicate into firm crusts, which obstruct nasal respiration and compel breathing through the mouth. Sometimes purulent inflammation is thus excited, and an acrid, offensive, excoriating secretion is discharged from the nostrils, and from the mouth also, in some instances.

In malignant cases of scarlatina, the mucous membrane is very much swollen and very darkly congested; and ulceration soon takes place, frequently attended with gangrene of the tissue; the pseudo-membranous deposit being dark, almost to blackness, from intermingling with extravasated blood. The discharges are sanious and offensive, and not unfrequently contain shreds of the destroyed tissues.

The tumefaction at the angles of the jaws extends over the neck, the tumefaction internally increasing at the same time; respiration becoming impeded in some instances so as to threaten suffocation, a condition in which tracheotomy may be demanded. Œdema of the uvula and soft palate occurs, and with it, sometimes, œdema of the epiglottis and arytenoepiglottic folds. These conditions likewise threaten suffocation, and may necessitate tracheotomy.

The Special Treatment of the case does not vary from that for ordinary inflammatory sore throat. Severe topical measures are rarely indicated. Acidulated sprays to the parts are grateful and soothing; and weak solutions of alum are useful as detergents. These sprays may be applied with benefit as frequently as called for by the patient.

Erysipelatous Sore Throat.

Erysipelatous Sore Throat is infrequent. It occurs, usually, in connection with erysipelas of the head, face and neck; sometimes as an extension from these surfaces; Sometimes appearing primarily in the throat, and thence spreading to the exterior. Sometimes there is an interchange between external erysipelas and erysipelas of the throat in the form of a metastasis. When the throat is seriously involved, there is danger of extension of the disease into the larynx; a result apt to be attended with œdema, and thus threatening death by gradual suffocation or asphyxia.

Erysipelas of the throat, when idiopathic, begins in the guise of an ordinary inflammation, but there is not a very great amount of swelling, and the parts are of a very dusky-red, sometimes lustrous hue. There is more or less inability to swallow; but this is not due to swelling or pain, as in ordinary inflammations of the throat, but from actual paralysis of the muscles of deglutition, which do not contract as usual upon contact with foreign substances. Regurgitation takes place through the mouth when the pharyngeal muscles alone are in this condition, and through nose and mouth when the muscles of the palate are in a similar condition. The general symptoms are those that

attend the usual manifestations of external erysipelas, only the febrile phenomena, pain at the epigastrium, nausea, and so on, are more severe.

The duration of the disease varies from forty-eight hours to a week. In cases fatal by œdema of the larynx or other cause, frequently undiscernible, death sometimes occurs within two or three days from the commencement of the attack.

The inflammation of the parts usually subsides by resolution. Occasionally, however, it is followed by abscess, but this is rare, and I have seen but one instance of it.

THE PROGNOSIS, as a rule, is not favorable.

THE TREATMENT consists in the administration, in part by enema, if necessary, of large doses of quinine, tincture of the chloride of iron, brandy and diffusible stimulants; with the greatest amount of the most nutritious food procurable that the patient can be induced to take, by mouth or rectum, as the case may be. The local application of a strong solution of nitrate of silver (60 grains to the ounce), so as to include some of the unaffected structures, if possible, seems to afford the best means of controlling the local affection.

COMMUNICATIONS.

CONTRIBUTION TO HYSTEROLOGY.

BY E. N. CHAPMAN, M. D.,
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At the present day, when, by a strange revolution in practice, the uterus is submitted so generally to surgical treatment for the various morbid conditions to which it is liable, it is, perhaps, pertinent to inquire what results are attainable by a less pretentious procedure. If metrorrhagia and menorrhagia can be checked, hypertrophy reduced, neuralgia subdued, and all other pelvic symptoms removed by mild means; and if, moreover, the functions of the uterus, its capacity for impregnation and its faculty to bear the embryon to term, more especially, can be restored, and the health of the patient established so thoroughly that it continues undisturbed several years thereafter, it is obvious that these means must, in accordance with professional rules, be not only used but exhausted, before a resort to tents, knives, curettes, escharotics, and the like, which are always attended with more or less hazard. That the utero-surgeon is not always in demand is shown by the cases related below, which, together with many others thus treated in public and private practice, attest the completeness and permanency of the cures effected by means as simple as scarification. Why it is successful is rendered apparent by the light shed, of late years, on the structure and function of the genital organs.

CASE 1.—Mrs. D., æt. 32, who had had two children, but no miscarriages, was confined after a natural labor, March 9th, 1872. There was scantiness of the lochia, but otherwise nothing unusual was observable in her getting-up, save an irritability of the nerves, that, as time passed, became each day more pronounced, and less under command. At the end of the sixth week a dark bloody flux made its appearance and continued seven or eight days. In August, whilst at a watering place, she took, during the evening of an excessively warm day, a prolonged sea-bath, and was, directly after, seized with a violent chill that lasted more than an hour. On reaction being established, a high fever, together with sharp, grinding pelvic pains, set in, and in the morning, a free, clotted uterine hemorrhage. This lasting several days, and then stopping three or four, reappeared in full force, and persisted with only temporary abatement until her return home, the third week in September. At this date the hemorrhage, after being absent four or five days, started afresh, and, excepting a day or two now and then, was present to the 10th of November, in spite of hygienic measures and free doses, first, of the fluid extract of ergot, and second, of the solution of persulphate of iron. The constitutional treatment being thus unavailing, though enforced rigorously under favorable circumstances, the local, which had hitherto been declined, was acceded to, provided the trouble of a certainty lay in the womb, and a cure of the metrorrhagia was, thereby, attainable. This it was possible to promise confidently, since the existence of imperfect involution was, notwithstanding the failure of other symptoms to aid in the diagnosis, shown conclusively by the loss of blood arising shortly after the last labor and being well nigh constant to that time.

The patient, although debilitated by the great drainage, as well as by the exclusive nursing of her infant, has not become as ane-

mic and emaciated as one would naturally expect, a fact due to a constitution derived from a vigorous stock, and unimpaired hitherto by any serious ailment. The nervous symptoms, however, which began slowly and insensibly to show themselves after her accouchment, have since, day by day, assumed greater and greater intensity, until now they are of such a singular character as is seldom observed, unless in connection with certain morbid states of the genital organs. These symptoms are a wakefulness that deprives her of sleep night after night, a dread that forebodes some impending evil, a gloom that enshrouds every object, an introspection that dwells on each sensation, a morbidness that centres about self, and a despair that is too dark to be penetrated by a ray of hope. She dislikes to be alone, as her mind then falls a prey to strange vagaries, over which her will has little or no control. Even reading and sewing she has been obliged to give up, as directly on her sight being steadily taxed phantom shapes dance before her eyes and fill her with fear and apprehension. These illusions, the unreality of which she is fully conscious, though powerless to rid herself of their presence, take the form, often, of shrouds, corpses, and coffins in the room, and of hearses, undertakers and mourners in the street. Yet, aside from this disturbance of the brain, a morbid state pointing to, if not verging upon, insanity, her condition is scarcely removed from that of health.

As the general symptoms are limited to this singular mental and moral perversion, so the local begin and end with an excessive and continuous hemorrhage that, like the other, is proof against the artillery of the Materia Medica. Strange to say, she has neither pelvic pain nor other sign, except the menorrhagia, of uterine disease.

Nov. 16th. At this date, the fourth day after the cessation of the bloody flux, the general treatment was abandoned, and the local adopted.

Examination by Touch.—The uterus has its proper form, position, and sensibility, but is more bulky by a half than normal; the cervix is full and round; and the os uteri is jagged, flabby, and open enough to admit the tip of the finger.

Examination by Speculum.—The labia uteri are congested and expanded, but not swelled and eroded; the inner cervix presents a bright red appearance, but contains a slight albuminous secretion only; the outer cervix, above the red border which, sharply defined, surrounds the os uteri, retains its natural color; and the vagina has a dusky look, but is not inflamed nor occupied by a secretion.

Nov. 16th and 22d. Scarified the cervical canal and labia uteri, and punctured the outer cervix.

Nov. 30th. The loss of blood at and after the above operations was light, scarcely sufficient to deplete thoroughly the uterine veins. Scarified the labia uteri, punctured the outer cervix, and applied a forty-grain solution of the nitrate of silver to the cervical canal.

Dec. 2d. The flow of blood from the last operation was rather more free.

Dec. 16th. The courses, after an absence of over three weeks, returned on the 6th and disappeared on the 13th instant. They were nearly natural, though still somewhat excessive; the inner cervix is less congested, and the os uteri more contracted; the Nabothian glands pour out a clear, ropy mucus. Scarified the labia uteri, punctured, and applied the solution.

Dec. 31st. The bleeding at and after the last operation amounted to two or three ounces. The menses, which are now present, returned on the 25th, nine days in advance of their time, and have been, and are still very scanty.

Jan. 21st and 28th, 1873. At the last period the flow continued for more than two weeks. The os uteri is regaining its natural appearance. Scarified the labia uteri and applied the solution.

As the menses failed to make their appearance in due time the local treatment was omitted until it could be determined positively whether or not pregnancy had taken place. The fact became more and more apparent as one month after another passed, and was fully confirmed by living testimony, October 21st, 1873, a date that carries back the conception, provided the child was born at term, to the close of the last menstruation, and to a point of time previous to the discontinuance of the local treatment. The child, seemingly mature, had the morbus cœruleus in a marked degree, from which, however, it recovered promptly within a week, by being constantly kept on its right side, with the head and shoulders slightly elevated, according to the plan so strongly recommended and so successfully practiced by Dr. Meigs.

Sept. 1, 1874. At the present time Mrs. D.

is physically and mentally well. The cure inaugurated by the scarificator and the nitrate of silver was advanced by the pregnancy and completed by the delivery. To aid the involution special care was taken to promote the lochia by low diet, warm drinks, strict quietude, and anodyne medicine. The menses, which reappeared the third month after this, as after the first two labors, have been invariably normal, and her mind, which still remained in a measure unsettled while she carried the child, was, on its birth, wholly regained; in a word, her condition is now as good, in every respect, as at any former period of her life.

Commentary. This case is one of a class, termed endometritis by gynæcologists. The mucous membrane of the corporeal and the cervical cavities of the uterus is said to be inflamed, as, also, more or less, the underlying tissues. This much being assumed, and, likewise, that increased vascular action in all parts of the body will result in similar morbid processes and yield to similar remedial means, it follows, as a matter of course, a rational inference, that the first indication is to check the hemorrhage, and the second to subdue the inflammation. Hence the sound is passed to estimate the enlargement of the uterus, the cervix is dilated to open up a free passage to the fundus uteri, astringents are injected to coagulate the blood in the mouths of the bleeding vessels, escharotics are applied to destroy the diseased tissues, and, if need be, the curette is used as a rasp or scraper, to repress granulations and fungosities.

In contrast with this procedure the claims of the sound, tents, injections, destructives and other agents of the like nature, were neglected, and the effort made to check the menorrhagia by internal medication, and then in an interval of the flow to subdue the so-called endometritis, by depleting the uterine veins and stimulating the Nabothian glands. As the erectile vessels of the genitalia were thought to be in a constant state of pseudo-menstrual excitement that induced a rapid development and exuviation of the corporeal mucous membrane, and an excessive congestion of the cervical follicles, it seemed more in accord with sound, practical sense, to dry up the spring at its source than to dam up the streams flowing from it. Could these vessels, lying concealed below the surface, be reduced to their ordinary calibre, it was confidently anticipated that the involution would be perfected, the hemorrhage prevented, and the health restored. It is scarcely possible that depletion could effect these results in the brief space of ten weeks, and also insure a normal pregnancy, and a perfect involution subsequently, unless it were founded on correct principles, such as will bear investigation, and stand the test of time. That the cure was not deceptive is shown by the uterus performing its functions normally, and the brain recovering its balance completely, and that it was not temporary is shown by the thoroughness of the involution after the last confinement and the length of time since the termination of treatment.

If simple means, like the above, were commonly, or even occasionally, successful, would any one, before giving them a fair trial, have the right to resort to those more heroic and radical, which on all hands are conceded to be often uncertain, and sometimes fatal. Surely the so-called uterine inflammation, an heir-loom of the profession since the days of Hippocrates, is no valid reason, particularly when this figment of the schools is unsupported either by clinical facts or modern researches in the anatomy, physiology and pathology of the genital organs.

Case 2. Mrs. G., about 24 years of age; the mother of one child; miscarried September 4th, 1861, at three months, and February 21st, 1862, at four and a half months. The lochia after the second mishap, as is prone to be the case when the development of the uterus is prematurely arrested, was insufficient to unload the sinuses and allow involution; and hence, in a few days a metrorrhagia set in, that greatly reduced the patient. The constitutional treatment failing to command the hemorrhage and to relieve the other symptoms, whether general or local, an examination was made April 3d, 1862. The patient, though formerly strong and active, is now much prostrated by confinement and flooding, and suffers from pelvic pains and a leucorrhœal discharge.

On examination, the uterus was found heavy but not extra sensitive, the cervix puffy and engorged, the os uteri opened and filled with an albuminous secretion, and the vagina bronzed and occupied with ropy mucus.

From April 3d to June 6th this case was, at five operations, treated by scarification of the labia uteri, and cauterization of the inner cervix, with the solid nitrate of silver. The cure, though wrought in the short period above men-

tioned, was complete and permanent, as proven by the subsidence of all the symptoms, the restoration of the monthly health, the prevention of other abortions, the completion of two pregnancies at term in four years, and the absence of all pelvic disorder during or after the period of involution. This patient, who passed from under observation some six years since, was at the time in perfect health in every particular.

Commentary.—The taking of blood when extreme debility has been induced by hemorrhage, is contrary to modern ideas, and yet in this instance the practice promptly checked the metrorrhagia. This result, as it will appear on a moment's reflection, was due to the flow from the scarifications relieving the fullness of the uterine sinuses, and thus allowing the womb to condense itself, the initial steps preliminary to those changes that constitute involution. The solid nitrate, rapidly decomposed by the copious albuminous secretion, acted as an active stimulant only to the cervical follicles, and thus their atonic capillaries were depleted and constringed at one and the same time. The recovery was rapid, inasmuch as the treatment was instituted at an early day, previous to the congestion passing from the passive to the active state, a success that, under the like conditions, and by the like means, can almost always be confidently anticipated. The recovery, also, was perfect, as shown by the uterus thereafter manifesting no proclivity to its old vices, and executing, for a number of years, all its functions normally. More than this the treatment for any disease whatsoever cannot accomplish, and more, were its success uniform, could not be desired. That such is the rule and not the exception, is the concurring testimony of too many cases to admit of mere coincidences, lucky, spontaneous cures.

(To be continued.)

Hospital Reports.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

BY PROF. WM. H. PANCOAST.

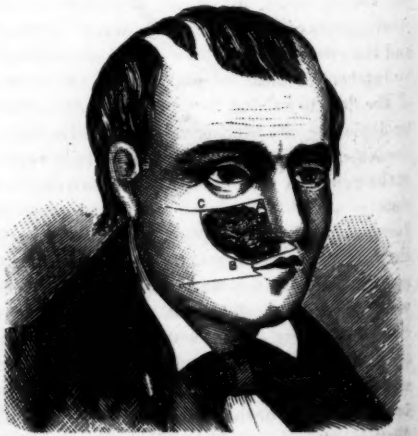
Carcinoma.

REPORTED BY J. V. SHOEMAKER, M. D.

History.—Peter Vanderbeck, age sixty-six years, was born in Crosswicks, Burlington county, New Jersey, and has resided in Allentown, New Jersey, for forty-three years. For thirty-five years he followed his trade as a shoemaker, but for the last ten years has retired from business. Fifteen years ago a small elevation of the skin made its appearance on the neck, just below the ear, and caused much irritation in the surrounding parts. A year afterwards a similar elevation of the skin appeared in the crease of the right ala of the nostril. This remained stationary for about ten years. In the spring of 1867 he received an injury from one of his cows, which struck him on the right cheek with her horn. He dates the increase of this elevation from that blow. A stinging sensation was soon after developed in this elevation on the right side of the nostril. About this time the patient placed himself under the care of Dr. Geo. L. Duer, of Crosswicks, New Jersey. The disease soon began to spread, to discharge a small quantity of matter, and invade the surrounding tissues. In the end, the bony structures beneath were invaded to a great extent. In this state, the patient presented himself at my office, the 10th of June last. The patient's history, which you have just heard, gentlemen, indicates a case of a very serious character. Notice this large open ulcer, the size now of a Spanish dollar. It has eaten through the ala of the right side, into the right nostril, destroying a portion of the upper lip. It has attacked the periosteum of the upper jaw, involving both superior maxillary bones nearly an inch on either side of the median line. A cancer beginning even mildly, and slowly from the exterior, and existing long enough to eat down so as to involve the bone, becomes a very serious matter.

The patient is strong, and hearty, of active habits, and his condition, seeing what a dreadful future he otherwise has before him, justifies the making an effort to save him. It is a surgical problem of interest, as to how we shall remove this cancer from the surface, and the deep bones, and afterwards reconstruct the face. It will be necessary to cut away a large portion of

FIG. 1.



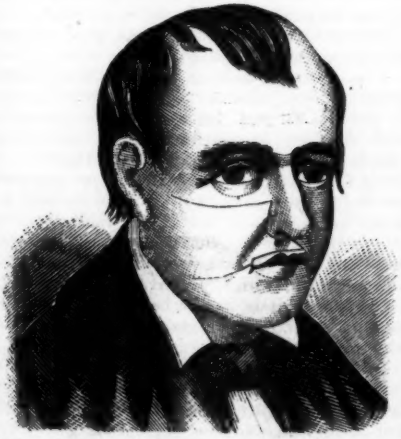
the cheek, in removing the superficial cancer, as well as a portion of the upper lip, and to excise

also a considerable part of both upper jaws, so as to get beyond the diseased structure. This will make a very large opening in the face.

In doing this operation, I will have to make my incisions so that I can bring flaps to close the opening, and rebuild the upper lip. I shall dissect off the vermilion border of the lip, and turn it back so that I can use it again as a natural hem for the new lip. The patient being fully etherized, I will proceed with the operation.

I first sweep my knife through the cheek, around the outer border of the superficial cancer, making a flap by running two incisions outward toward the ear, one from A to C, the other from D to B (Fig. 1), which flap I shall afterward use. Pushing my knife downward into the nostril, and through the upper lip beyond the median line on the left, now turning my blade, I cut the vermilion border off back to the angle of the mouth, of the right side, turning the flaps off on each side like two trap doors. Dissecting the septum of the nose from the anterior nasal spine, I freely expose the diseased jaw. Pulling out the bicuspid tooth on each side, and passing one blade of the cutting forceps into the right nostril, and the other into the socket of the bicuspid tooth just removed, I cut through the palate process well outside of the cancerous part, and repeat the same on the opposite side, with a few cuts of my knife, separating the bone from the soft parts connecting it.

FIG. 2.



I have removed nearly two-thirds of the entire hard palate; you can see what a large hole is made in the face, almost destroying the human expression. Running my knife backward from the first incision I made, I cut through the cheek as above mentioned, just below and parallel to the zygoma, outward, for two inches. I now make another incision from just below the angle of the mouth, outward, parallel to the first. This gives me quite a large flap; the anterior margin is long, narrow, and pointed. This you see, as I push the flap forward, fills up the space from which I cut the upper lip. Lifting up the vermilion border, which I turned off, and adjusting it temporarily, you will observe this promises to make a good upper lip. The facial, the infraorbital, and the inferior coronary arteries have been tied. The buccal branch of the superior maxillary nerve is partly cut away. There being no more bleeding, we are ready to close the wound.

Advancing the flap, and bringing it up, I fasten the upper angle to the side of the nostril; it fills up the space easily and readily, without tension. The narrow anterior portion of the flap I will fasten to the septum of the nose; wedging it in above what is left of the upper lip; I tack on to the lower part of this flap, with interrupted sutures, the vermilion border of the upper lip which has been saved. You see we now have the human expression of the face restored (Fig. 2), and the great hole we were obliged to make completely filled up by this plastic manœuvre. I apply additional interrupted sutures, to hold the flaps in position, and support the parts well with strips of adhesive plaster. Have the wound covered with patent lint, spread with the ointment I use so much in these cases. It is very soothing, and at the same time keeps down offensive secretions. The prescription which I use is as follows:—

℞.	Ungt. zinci. oxid. benz.,	℥ijss
	Cerati simplicis,	℥ss
	Glycerinæ,	℥j
	Ol. olivæ,	℥j
	Acidi carbolici,	gtts.xx. M.

When I do not want to use carbolic acid, oil of roses can be used in its place. A supporting bandage being applied, my assistant will give him one quarter of a grain of morphia hypodermically, and put him to bed.

Note by the Reporter.—One week from the day of the operation the patient, Mr. Vanderbeck, was out enjoying the good weather. The wound had healed nicely, except one point at the side of the right nostril. As soon as the patient recovered from the immediate effects of the operation he commenced talking, and continued to do so, entertaining those who were nursing and watching him. All we could do or say had no effect in stopping him. My impression is that the talking was the cause of the want of union in the small spot near the right nostril.

Mr. Crawford, operated on the week previous, wrote all he had to say on a slate, and gave the flaps a chance to heal, which our patient would not do. At this writing Mr. Vanderbeck has improved very much in general health, and now passes his time in attending to some business. There has been no re-development of the cancer. The mouth and cheek present a healthy appearance, and his appetite and sleep are both good.

Since my last report Mr. Wm. W. Crawford, the patient in whom the entire left upper jaw, and part of the right was removed, in the month of June, has returned to his home in Louisville, Ky., and he has been benefited so much by the

operation, that he has resumed charge of his business affairs. Several days ago he presented himself at the office, being on a business trip East, in excellent health and in good spirits.

The designs of the accompaning cuts were executed by my friend, Dr. E. F. Vallete, of this city. J. V. S.

Tonsilitis.

Miss L., age twenty-two years. A case which requires an operation upon the tonsils. This lady has been under my care for a few weeks, and has been in delicate health and under medical treatment for four years before she came under my observation. She has strumous cachexia, dyspepsia, and functional disturbance of the heart. In consequence of the disturbance of the heart there is some congestion of the pulmonary circulation of the right lung. She is, however, improving under a tonic treatment. The enlargement of the tonsil glands causes some pain on swallowing, and the irritation which exists there excites a little cough. I think it better to excise the protuberant parts of each of them. You notice the evidence of cervical adenitis in these several enlarged lymphatic glands. Here are two just below and behind the lower jaw.

In cases of great constitutional debility I do not remove the cervical glands with the knife until other means have been tried. This patient is decidedly better than she was, as she at present tells you, and the glands are not so large. In addition to the constitutional treatment, I have used what often proves successful in these cases, an ointment of protiodide of mercury, using it weak at first, one-half a drachm to the ounce of simple cerate, and increasing its strength as is necessary. If the ointment of the iodide of mercury is not sufficiently counter irritative, the biniodide of mercury can be used. This form of irritation, or a blister, I generally prefer to the tinct. of iodine. The tincture of iodine often does well, and can be better used for small bursal tumors, such as the miner's elbow, or even diseased joints.

In the removal of these tonsil glands I shall employ the pistol-shaped tonsilitome, made by Chaviere, of Paris. I could remove them, as you have often seen done, with a long pair of forceps and a bistoury; a method preferred by some excellent surgeons. This instrument, as you see, works something like a pistol. As I pull back the fork it sets a spring, and pushing the fork forward, as it enters the gland it touches the spring by which I withdraw the sharp blade, quickly cutting through the gland.

Although this instrument came from Paris, similar ones are made here equally as good. I think it is the best and most perfect modification of the tonsilitome. The tonsilitome was originally invented by Dr. Physic, of this city, in the form of this guillotine instrument. We cannot well give the patient ether for this operation; it is quickly done and the pain soon over.

We will proceed at once with the operation. As I wish to remove but a small portion of each tonsil I shall use the smallest of these two cutting blades. The instrument being so made that we can change to either of these two, in accordance with the size of the tonsil gland. As you look down the patient's throat you can see the tonsil glands standing out on each side, much more than is natural, and much beyond their boundaries—the anterior, and posterior pillars of the palate, which are made, as many of you know, by the pallato glossi and pallato pharangei muscles.

Now I apply the concealed cutting circular knife of the instrument on the enlarged tonsil. As the fork is pushed into the gland I lift it up, and, touching the spring, draw on the cutting blade; the operation is done. Here is a portion I have removed, the exact size that was desired. Changing the instrument to the other tonsil gland I do the same, and the operation is over so quick that the patient is surprised. You see there is very little bleeding. This cutting, crushing process of the circular knife causes very little flow of blood, except in active inflammation of the parts, when the operation should be deferred. Should there be any oozing it can be controlled by a solution of alum, in ice water; or, if necessary, a weak solution of subsulphate of iron.

James Quinn, age thirty-five years. This next case is also one of enlarged tonsils, in consequence of chronic inflammation. Here the glands are enormously enlarged, so as to almost close up the throat, and any sudden increase of the inflammation and swelling, aided by the spasmodic action of the muscles, might so block up the isthmus of the fauces as to expose the patient to danger of suffocation.

I will excise both of the tonsils to a much greater extent than in the last case. This case is instructive and interesting in connection with the last, by contrasting the size of the glands affected by a similar inflammation. In using this pistol instrument we must be careful not to push the gland too far out of its bed, and incise too deeply, as in the inflamed condition of the gland the plexus of arteries at its base might be cut. They are very much enlarged by inflammation, which, if cut too deeply, might cause very serious hemorrhage. For the same reason you should not excise the tonsil glands when in a state of acute inflammation.

In this case I will use the larger blade. Fastening it on the handle and applying it, I excise the enlarged tonsil gland deeply on one side, and do the same to the other enlarged tonsil. You see how rapidly it is done, and what large pieces I have removed. We see there is plenty of room now, as the tonsils are shaved down nicely on each side, even with the pillars of the fauces, and the patient breathes more easily. There is very little oozing of blood, and the alum water gargle will be all he will need at present.

I will let the patient use a mucilaginous gargle for several days, and then a weak infusion of cinchonæ, four ounces, flavored with tincture of myrrha, with one drachm of chlorate of potash; diluted as may be necessary for a few days.

Varicocele.

Mr. V., age twenty-four years. Is affected with varicocele, which you see is on the left side, as we generally find it. I have mentioned to you the peculiarities of the venous circulation, upon a former occasion. which predisposes it to form upon the left side The cause in this case is not known. He has not worn a truss, nor is he accustomed to horseback exercise. I have operated upon a great many cases of varicocele, and have never yet found a patient who could give me a satisfactory reason for its existance. Masturbation is said to produce it, but it is often hereditary.

The patient has been lying down, and the veins having emptied themselves, the disease is not so conspicuous as it was. We will have him to walk around the arena for a few moments; it will cause the veins to fill up again. This is a manœuvre which should always be practiced before the operation, so as to make the diseased veins as conspicuous as possible.

The most important step in the operation is the separation of the vas deferens from the veins. If by chance the vas deferens should be ligated, the testicle on that side will probably suppurate, and be destroyed. This should never occur, as the vas deferens gives to the touch the feeling of a wire, and the veins themselves the sensation of a mass of earth worms. If one or more of the veins become occluded, they may, and frequently do give to the touch a similar sensation as the "vas deferens." If in examining a case, you should feel two or more resisting bodies, so as to make it uncertain which is the "vas deferens," you should turn them aside with it, so as to be certain not to ligate the "vas deferens."

Just two days ago, I was called upon to operate on a gentleman at the St. Cloud Hotel, in this city. Some six months previous he had been operated on by a prominent surgeon, using wires for the ligature. The wire had broken, making the strangulation imperfect; and on examination, I found a piece of the silver wire in the scrotum, which seemed to have become encysted. The patient said the swelling was nearly as bad as ever. You notice that since he has been walking the scrotum has become much more enlarged, and you can even see the tortuous varicose veins.

I will let him sit upon the edge of this table, and seizing the scrotum from behind with my left hand, I feel the hard resisting "vas deferens" distinctly. There is another structure which I believe to be an occluded vein, but it feels something like the "vas deferens." I will therefore push that aside also, with my thumb and finger. You can see, as I grasp the scrotum from behind with my left hand, that my forefinger and thumb almost meet as they seize the integument, so that I can certainly have the "vas deferens" behind in the circle of my finger and thumb, and that the finger and thumb meeting are between the "vas deferens" and the veins which I wish to ligate. The operation is very simple and almost perfect. All that you require is a long, round, sharp-pointed needle, such as this, or a sailmaker's needle, and a long, strong, well-waxed ligature, and an ordinary button, or a large metal button like this which I shall now use. The subcutaneous ligation of the veins over a button is my father's operation, which I slightly modify by making a metal button of tin, or German silver, as this is, the size of a Spanish dollar. This is perforated in the middle with two holes close together, between which there is a drop of solder, so that on tying the ligature over it the edges of the holes shall not fray out, or cut the ligature.

It is of great comfort to the patient and convenience to the operator, as a small button will sometimes become buried in the flesh and give rise to troublesome inflammation and suppuration. This will never occur in using the large plate button. With this button I have operated a great many times, I think nearly twenty, and I have never had any bad result, nor have I ever had a patient to return to me saying that the cure was not complete. Sometimes the superficial veins of the scrotum are enlarged. These have to be ligated separately, either with a toilet pin and ligature around it, or by a simple interrupted suture, which I generally use. The patient has a little ether, enough to deaden sensation. I will pass the needle armed with this ligature completely through the scrotum, from side to side, over the nail of my thumb and finger, grasping the scrotum and drawing the ligature well out after it.

The ligature is now between the "vas deferens" and the veins I wish to ligate; passing the needle backward again into the same hole which it made in its exit, and pushing the needle forward subcutaneously in front of the veins to be ligated, passing closely under the skin, I bring it out at the wound of entrance. I have the diseased veins in the loop of the ligature, which is subcutaneous, and within the scrotum; pulling on the loop gently with the one hand. while with the other I feel the "vas deferens," to satisfy myself that it is not included in the ligature. I will ask my assistant also to feel, so that he may recognize the fact, and corroborate the statement, for your benefit.

It is well to do this always, so you can have a witness to confirm, if necessary, to the patient, that you have not injured the duct of the testicle. I pass the ends of the ligature through the holes in the button, and am ready to tie it. As this is the most painful part of the operation I will pause a moment, and let the patient be anæsthetized a little more thoroughly. Tying the ligature down upon the button, as I do, you see the patient winces, even under the influence of the anæsthetic. This crushes the veins, and the ligation, to make the cure, must cut more or less completely through. I tie the ligature in a bow knot, so that it can be untied easily and readily when desired.

As the operation is finished we will put him to bed, and keep him comfortable, and quiet with an anodyne, if necessary, and apply a lotion of lead water and laudanum over the parts.

As soon as the ligature becomes loosened, the veins yielding under the process of ulcerative absorption, as the ligature cuts its way through, I will tie it again, which will be in about two or three days. The necessity of this tying will be readily recognized by gently pulling on the knot every day. Indeed, I tell my patients to pull gently on the knot themselves, two or three times daily. This facilitates the cure. I recall one patient, a doctor, who completed the operation himself. After my first applying the ligature he kept tightening it until it cut through and came away, and I had the pleasure of only paying him complimentary visits.

It takes usually about ten days for the ligature, tying it every second or third day, to cut its way through the veins. And I tell my patients to arrange their affairs so that they can remain in their rooms about two weeks. This, however, is not absolutely necessary. I have had patients, from whom I removed the ligature at the end of ten days, and in two cases at the end of a week, where the patients were very much pressed for time. In each one there had been a marked effusion of plasma, making a hard lump within the scrotum, where the veins had been cut through or destroyed. It is an essential proof of the success of the operation, and that the diseased veins have become obliterated.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Meeting of Sept. 17th.

Dr. Liebman related the case of a boy who fell twelve feet, producing a fracture of the right parietal bone, and extending into the left. The fracture was three inches long, and the bone was much depressed. The symptoms have at no time been urgent, and have needed but little treatment. The accident happened about two weeks ago, and recovery seems nearly perfect with the exception that the power of speech has not yet been regained. The depression has nearly disappeared.

Dr. Friedenwald. I have been attending an almost similar case in a boy, aged eight years. He fell fifteen feet, striking on his head. I diagnosed fracture of the occipital bone, but Dr. A. P. Smith (who saw the case) thought there was fracture of the base of the skull, and Dr. N. R. Smith agreed with him in this opinion. There was bleeding from the ears, and complete unconsciousness, which lasted three days. Crepitation could be produced without causing pain, by pressing on the occiput. He gradually returned to consciousness, and was up in about a week. There has been no fever at any time. He could obey all demands upon him, but would not speak. In a few days he could whisper, and since then he has gradually regained the use of his voice.

Dr. Caldwell thought that there must be some hyperæmia of the frontal convolutions in these cases, and as it disappears speech will be regained.

Cleft Palate.

Dr. Dausch presented a boy to the Society who had a cleft of the hard palate of considerable extent. There was also hare-lip, but that had been relieved by an operation.

Dr. Monmonier. Sir William Ferguson is of the opinion that the intermaxillary portion involved in hare-lip is the cause of much annoyance to the surgeon, often, indeed, being almost the direct cause of failure in operations. In the case of double hare-lip, with double cleft in the alveolar ridge, there may be great projection, or little or none. In the latter case, particularly if the columna and lateral portions of the lip be of good size, there may be no need of meddling with the intermaxillary mass. If, however, the projection be considerable, and if the columna and side portions be scanty, there ought then, in my opinion, be no hesitation about taking away the projection at its junction with the vomer. The attempt to push this part back, by gradual pressure, is troublesome and almost impossible in most instances, even if, as has been proposed, its narrow neck be broken. Without thus meddling with the part, the teeth, if they come at all, will slope backward so much as to be of no value either for show or for use I therefore never hesitate to remove the intermaxillary mass when it seems the least in the way of a satisfactory operation. The advantages of so doing seem to me to greatly preponderate, and if there be cleft hard palate at the same time, there is far better chance, in after years, of the gap becoming narrower; whilst in adult life the dentist will not have so much difficulty in adapting an artificial set. But, I imagine, there is less hesitation or difficulty in the surgeon's mind in the case of a capacious double gap, than when there is only a single one, with considerable projection of the intermaxillary margin. If it be difficult to employ compression on the projection in double cleft, it is still more so when only one side projects, for its base is broader and firmer. The instances where there is no special projection are common, and require no comment, as there is then, as regards this matter, no obstacle to a satisfactory operation; but, when there is a projection, if considerable, it is a more serious obstacle than the inexperienced may imagine. I believe that this condition is a frequent cause of failure in the ordinary operation, particularly if it be done without the truss-compressor on each cheek to push the lateral portions of the lip toward the medial line. In such a case the surgeon is naturally anxious to leave the alveolar ridge untouched, and, in accordance with a common practice, when it is desirable to secure union by first intention, when the stitches or needles are withdrawn, strips of plaster are carried from cheek to cheek to hold the union firm. Scarcely a greater mistake can be made, for the line of union in the lip being generally exactly over, or opposite to, the sharp angle of the projection

of bone, the young cicatrix is pressed against it, and gradually thins away, until it is fairly split open, and the operation fails. This is an explanation of the failure of many cases that do not seem in any special way complicated. I do not mean that straps always produce this effect, and that, therefore, they should never be used. On the contrary I have frequently seen them of much service. But if the single projection alluded to be conspicuous, it is, in my opinion, best to get rid of it at the time of the operation. Ferguson, in his own practice, was at one time in the habit of cutting it away with sharp, small bone forceps, dividing gum and bone at the same time, aiming chiefly at getting rid of the projection. This usually involved all the intermaxillary bone on that side, and implied little heed of what damage might be inflicted on the sound side, although, latterly, he always passed the blades into the mesial line between the intermaxillary bones, so as to secure this side from material injury. In the course of his experience he fancied that he refined on this practice. He found that it was well to detach the portion as high up towards the nostril as could conveniently be reached, and here he discovered that in all young subjects there was only cartilage to be divided. This could easily be done with the knife or scissors, and so, for many years, he has used only one or other of these instruments. Usually he has passed the scalpel through the mucous membrane under the frænum, up between the bones, and divided the cartilage, periosteum, and gum, and thus the use of cutting bone-forceps has been dispensed with. Whilst he can offer little objection to this proceeding, he fancies that he has fallen on one equally efficacious, and void of certain objections which, he thinks, might be urged against it. Instead of this sweeping, wholesale abstraction, he contents himself with making an incision, vertical, sloping, or horizontal, with a scalpel, through the mucous membrane and periosteum, over the projecting piece of bone; with a few touches of the knife, or a little squeeze with the finger and thumb, he so separates these tissues as to permit the entrance of a gouge of a quarter or three-eighths of an inch in breadth, with which he scoops out the body of the milk incisor tooth in as far as it is formed, taking no heed of the cyst or of that of the permanent one. In this way the hard projection is removed, and the tissues that remain offer no obstruction to the union of the junction of the lip in front, whilst the operation is less destructive, therefore more conservative in its character. There is thus left only the mucous membrane, with possibly some periosteum, which form a soft cushion behind the wound in the lip. I have adopted this plan in several cases, and have been much pleased with the result. In one instance I used a silk stitch to hold the edges of the wound in the mucous membrane, but I doubt if it be needful.

Editorial Department.

Periscope.

Ipecacuanha Spray in Winter Cough and Bronchitic Asthma.

Drs. Ringer and Murrell report, in *The Lancet*, the results of this treatment in a number of cases:—

The patient has been troubled with winter cough perhaps for many years. During the summer he is pretty well, but during the cold months, from October to May, he suffers sometimes without intermission, occasionally getting a little better and then catching cold; or perhaps he may lose his cough for a few weeks, but again takes cold on the slightest exposure. So short is the breathing that he can walk only a few yards, especially in the cold air, and finds it hard work to get up stairs, and is often quite unfitted for active life. The breathing grows worse at night, so that he cannot sleep unless the head is propped up with several pillows. He is troubled, too, with paroxysmal dyspnœa, usually at night, which may last several hours, and compels him to sit up. Sometimes the breathing is difficult only on exertion, and in those cases it is made much worse by fogs, east winds, or damp. The expectoration varies greatly; in a few cases there is very little; usually, however, it is rather abundant, and consists of mucus or pus, often with little or no rhonchus in the chest. It is often difficult to expel the expectoration. The cough is generally very violent, frequent, hacking, and paroxysmal, and the fits may last ten or twenty minutes, and even excite vomiting. They are generally brought on by exertion; nay, in bad cases so easily are they provoked that the patient is afraid to move, or even to speak. The cough and expectoration are much worse in the morning on waking. Sometimes the cough is slight, and then the expectoration is generally scanty, the distressed breathing being the chief symptom. The patient generally wheezes badly, especially at night, and in a bad case the legs are swollen. The patient is emphysematous; there is often no rhonchus, or only sonorous and sibilant, or a little bubbling rhonchus at both bases.

In this common but obstinate complaint our results have been very striking, although in many of our patients so bad was the breathing that, on being shown into the out-patient's room, they dropped into a chair, and for a min-

ute or so were unable to speak, or only in monosyllables, having no breath for a long sentence. We used the ordinary spray-producer, with ipecacuanha wine, pure or variously diluted. On the first application it sometimes excites a paroxysm of coughing, which generally soon subsides, but if it continues a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw sore sensation beneath the sternum, and sometimes it causes hoarseness; whilst, on the contrary, some hoarse patients recover voice with the first inhalation. As they go on with the inhalation, they feel it getting lower and lower into the chest, till many say they can feel it as low as the ensiform cartilage.

The dyspnœa is the first symptom relieved. The night after the first application the paroxysmal dyspnœa was often improved, and the patient had a good night's rest, although for months before the sleep was much broken by shortness of breath and coughing. The difficulty of breathing on exertion is also quickly relieved; for often after the first administration the patient walked home much easier than he came to the hospital; and this improvement is continuous, so that in one or two days or a week the patient can walk with very little distress, a marked improvement taking place immediately after each inhalation; and although after some hours the breathing may again grow a little worse, yet some permanent improvement is gained, unless the patient catches a fresh cold. We have heard patients say that in a week's time they could walk two miles with less distress of breathing than they could walk a hundred yards before the spray was employed. In some instances two or three days' daily spraying is required before any noticeable improvement takes place, this comparatively slow effect being sometimes due to awkward inhalation, so that but little ipecacuanha passes into the bronchial tubes. The effect on the cough and expectoration is also very marked, these both greatly decreasing in a few days, though the improvement in these respects is rather slower than in the case of the breathing. Sometimes for the first few days the expectoration is rather increased. It speedily alters in character, so that it is expelled much more readily, and thus the cough becomes easier, even before the expectoration diminishes.

Treated in this way the patient is soon enabled to lie down at night with his head lower, and in a week or ten days, and sometimes earlier, can do with only one pillow. This improvement occurs in spite of fogs, damp, or east winds; nay, even whilst the weather gets daily worse, and when the patient is exposed to it the chief part of the day. All these patients came daily to the hospital. Of course it is much better to keep the patient in a warm room.

In employing the ipecacuanha spray, in order to insure as far as possible only its topical effects, we were careful to direct the patient to spit out and even to rinse out the mouth at each pause in the administration, for a much larger quantity of the wine collects in the mouth than passes into the lungs. If this precaution is not adopted, sometimes enough is swallowed to excite nausea and even vomiting, by which means the bronchial mucus is mechanically displaced, and of course in this way effects temporary improvement. Even when this precaution was observed, a protracted inhalation will excite nausea and sometimes vomiting, by the absorption of the wine by the bronchial mucous membrane; though, strange to say, when thus induced, vomiting was long delayed, even for several hours, nay, sometimes not till the evening, though the inhalation was used in the morning. In the reported cases, however, improvement was not due to the nauseating effects of the spray, for we took care to avoid this contingency by administering a quantity inadequate to produce this result. The duration of each inhalation will depend on the amount of spray produced by each compression of the elastic ball, and on the susceptibilty of the patient to the action of ipecacuanha. As a rule, the patient at first will bear from ten to twenty squeezes of the spray without nausea, and will soon bear much more. After two or three squeezes, especially on the commencement of the treatment, we must pause a while. It is necessary to look at the patient's tongue and tell him to learn to depress it, for if the tongue is much arched it will hinder the passage of the spray to the lungs. It is a good plan to tell the patient to close his nose with his fingers and to breathe deeply. The inhalation should be used at first daily, and in bad cases twice or thrice in the day; afterwards every other day suffices, and the interval may be gradually extended. If the ipecacuanha wine is diluted, then the spray must be used a longer time. In cold weather the wine should be warmed.

We have tried the spray with very satisfactory results in a few cases of the following more severe though closely allied disease:—A patient for several years has suffered from severe winter cough, with much dyspnœa, cough, and expectoration; and on several occasions has spat up a considerable quantity of blood. The physical signs denote slight fibroid consolidation, with excavation of both apices, and much emphysema, perhaps atrophous in kind. There is little or no rhonchus, and no fever. The expectoration may be slight or very abundant, muco purulent or purulent. The dyspnœa is, perhaps, very severe; and is so paroxysmal as to justify calling the case bronchial asthma, with emphysema, and fibroid phthisis. In these cases the ipecacuanha spray is almost as beneficial as in the preceding. It soon controls the dyspnœa, thus enabling the patient to sleep, and greatly lessens expectoration and cough,

and by these means really improves the general health. As in the previous cases, the first inhalation may considerably improve the breathing, though the effects are not so permanent, the dyspnœa returning in the evening; so that spraying is needed night and morning, and may be necessary for weeks or months, the ipecacuanha appearing rather to give relief than to permanently cure the dyspnœa.

On Hysterotomy.

At the meeting of the Gynæcological Society, of Berlin, on March 17 (*Berliner Klinische Wochenschrift*), in the London *Medical Record*, Herr Awater read a paper, in which he advocated the bloody (*blutige*) dilatation of the cervical canal in preference to the use of sponge-tents, on account of (1) the difficulty in introducing them in extremely anteverted uteri; (2) the uncertainty of the times during which they should be left in; (3) the ease with which inflammations may be sometimes set up.

Dr. E. Martin stated, during the discussion that ensued, that he had performed hysterotomy in three hundred cases. The incision rapidly healed if the wound were not kept open by sponge-tents, which he invariably did. If there were much hemorrhage, a plug of cotton-wool, dipped in liquor ferri, was introduced. He, as a rule, kept the sponge-tents twenty-four hours in the canal. An offensive odor arose most frequently, and was of a very intense character, when there was antecedent endometritis or chronic colpitis. He had never seen infection occur after their use that he could fairly assign to the tents. Parametritis was certainly to be attributed to the constitutional diathesis of the patient. In pregnant women the application of the tents was attended with much danger; perhaps it was on account of the larger size of the vessels. Certain cautions should never be neglected, such as disinfecting injections; and tents with smooth surfaces should always be chosen, as they did not expand so rapidly, and also abraded the parts less on their introduction. The effects of the laminaria tents were more transient, produced the same offensive discharges, and one fatal case of parametritis and perimetritis had occurred through their use. The general feeling of the society was that they were not particularly dangerous.

Reviews and Book Notices.

BOOK NOTICES.

The Medical Register and Directory of the United States, systematically arranged by States. By Samuel W. Butler, M.D. Philadelphia, 1874. 1 vol., cloth, 8vo, pp. 854. Price $6.00

In looking at this large volume, with its double columned pages and its closely serried files of names, and reflecting on the prolonged toil of many hands which must have been demanded to make it what it is, the question, what good ends will it serve? becomes a very serious one.

Leaving out of count such practical aid as it may offer the publisher, or the druggist, or the instrument maker, in disposing of his wares, and which will readily be estimated, we prefer to look at the question proposed in a solely professional light.

The book aims to be a list of all persons practicing the healing art in the United States. Distinction is made, as far as information could be obtained, between regular and irregular practitioners. A record is subjoined to each name, also as far as information was furnished, of its bearer's educational and professional achievements. The present post office address is added. All medical educational institutions are intended to be described, their fees mentioned, and their situation pointed out. Remedial establishments of every description are catalogued. Medical societies are named, with their officers. The medical laws of each State are collated. The army and navy medical rosters are included.

As to how accurately all this is done we shall not stop specially to inquire. Suffice it to say that any one who estimates the magnitude and difficulties of the undertaking will be surprised that the errors are relatively so few; as for omissions, for those the individual himself was usually to blame.

It will be seen that this is to each member of the profession a source of information about his profession, unique in character and rich in details, inaccessible elsewhere. It will lead to a more definite unity of action and purpose, and should become, in successive editions, a perfect representation of the physician's calling in this age and country. In a historical sense it is a Domesday Book of our vocation, and must always remain the standard of reference for students of medical history. Many years must pass before there will be room for a second work of the kind, and this, as the first, in time must be the basis of all. It is, therefore, a volume of very considerable importance, the appreciation of which will grow with time, and it should find a place in every medical library of any pretensions to completeness.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 17, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

ON ALLEGED LEAD POISONING.

The large use of lead which now obtains in the arts, renders it extremely advisable for physicians to be on the lookout for cases of saturnine poisoning. It is well known that nearly all the hair "color restorers" are compounds of lead and sulphur. Mr. MERRICK, in the last Annual Report of the Board of Health of the city of Boston, has shown by analysis, that this is true of Ayer's "Hair Vigor," Chevalier's "Life for the Hair," Phalon's "Vitalia," King's "Vegetable (!) Ambrosia," Mrs. Allen's "World's Hair Restorer," Hall's "Vegetable (!) Sicilian Hair Renewer," Martha Washington's "Hair Restorative," Singer's "Hair Restorative," and Gray's "Celebrated Hair Restorative."

It is believed that all these compounds, which depend for their value upon the production of the black sulphide of lead in and upon the hairs, are attended with much risk from the absorption of lead into the pores of the skin, and thus into the system. They are used enormously by the general public, as any one can see, the peculiar hue of the plumbic sulphide being readily detected by an ever so little observant eye. It is far from a really eligible cosmetic preparation, as it lacks the first essential of such, that is, "the art to conceal art." A hair dye producing a fresh brown hue, like that of the natural hair, has not yet been discovered, whether harmless or hurtful.

On the other hand, it has been asserted that far too much noise has been made about the possible evil effects of these mixtures. It is well known to every army surgeon that acetate of lead was given in large quantities, long continued, to chronic diarrhœa patients, and few or no cases of poisoning from this source were reported. Prof. Stillè, in his "*Therapeutics and Materia Medica*," says, "They who are most familiar with the use of this salt as a medicine, the practitioners of England and America, have scarcely reported a single case in which serious effects have been produced by it." The black sulphide is, so far as known, absolutely inert,

so the injury, if any, must take place pending the chemical reaction of the sulphur and the acetate.

In the experiments of Mr. Laidlaw, he swallowed, in eight days, five hundred and sixty grains in divided doses. The not alarming symptoms which followed were all removed by a dose of salts.

A somewhat singular instance of poisoning from an *injection* containing lead, is reported by Dr. Faivre in the *Revue de Therapeutique* for June. He was consulted by a young man, aged twenty-three, who was suffering from general *malaise*, headache, and sharp abdominal pain. The tongue was clean, but obstinate constipation had existed for three days, the duration of his illness. Dr. Faivre did not suspect the cause until he found that pressure on the abdomen, which was much retracted, gave relief, and, on examining the gums, a well-defined blue line was noticed. None of the ordinary sources of lead poisoning were present in this case, but, upon inquiry, it appeared that the patient was laboring under a gonorrhœa of several weeks' standing, for which a druggist had prescribed injections. The injection liquid was analyzed, and found to consist almost entirely of solution of subacetate of lead. Under suitable treatment the symptoms slowly passed away, but, even after six weeks, the gingival blue line had not completely faded.

On the whole, however, there is need of a more thorough sifting of the evidence before we ought to pronounce so positively as to the toxical qualities of the lead-salts above referred to, as the chemists have done. There probably are constitutions exceptionally sensitive to the effects of lead, and these may show symptoms of its presence where others would not. It has been shown that the common habit of cleaning bottles with shot is apt to contaminate the contents with a considerable quantity of lead; and this summer a case of lead poisoning was reported in Scotland from drinking soda water, which, on analysis, proved to contain nine-tenths of a grain of lead to a gallon. Still, thousands of people drink soda water, and from such bottles, and very rarely do we hear of ill results. Possibly we have been too hasty in our condemnation of any compound merely because it yields lead on analysis. At any rate, it is clear the question merits a re-examination.

Notes and Comments.

The Relation of Ozone to Life.

The principle called ozone is supposed to influence human health very much. It has a great affinity with oxygen, with which it enters into combination, and abounds under the same atmospheric conditions which produce positive electricity. Ozone is found principally on the sea or near to the sea, and the winds which blow on the land coming from the sea bring a large quantity of it. It could be demonstrated that the sea at a little distance from the land contains the largest quantity of ozone. On the land and on the coast against which the winds blow there is *much more* ozone than in the vallies or any other place distant from the sea. In general, there is *very little* ozone near to towns and inland places.

The quantity of ozone in the atmosphere not being excessive, the principle is purely a mild stimulant, which gives a salutary activity to languid functional action. An excess, however, of ozone gives a dangerous impulse to affections of the lungs and bronchial tubes; and this sometimes happens at the health-stations of the Southeast of France.

Professor Redfern, in a paper at the British Association for the Advancement of Science, gave an account of a number of experiments with animals made to breathe oxygen mixed with ozone, and others made to breathe pure oxygen. The results of these experiments were as follows. The respiration of oxygen with a two hundred and fortieth part of ozone for a very short time, say twenty seconds, is certainly fatal. The same gas, when resolved again into oxygen, is comparatively harmless, even when respired for long periods. Death from the ozone is not due to a closure of the glottis, but to a congestion of the lungs, with emphysema and distention of the right side of the heart with a fluid or coagulation of blood, frequently attended by convulsions. If the ozone be re-

spired in a dilute form, animals become drowsy and die quietly from coma, the condition of the lungs being the same, except that the emphysema is less marked. Animals that have respired oxygen more than twelve hours will now and then die suddenly from the formation of coagula in the heart, even after they have been in good health for some days.

The Action of Hydrocyanic Acid.

Dr. Bœhm, as quoted in the *Practitioner*, reaches the following conclusions on this subject:—

1. The operation of prussic acid is directed upon the central nervous system, whose functions are annihilated by large doses, after a brief excitement or increase.

2. The lesions of the respiration and circulation arise from analogous changes in the activity of their centres in the medulla oblongata.

3. The vagus plays no part, either in the effect of prussic acid on the respiration, or in its effect upon the heart.

4. Atropine is not an antidote to prussic acid. The only rational treatment of this poisoning is the persevering performance of artificial respiration.

How the results of our researches agree with the physiologico-chemical operation is a question for whose decision further researches must be made, but the solution of which is, we believe, simplified by our physiological discoveries.

Effects of Over-Nursing.

In a paper before the Dublin Obstetrical Society, Dr. C. F. Moore remarked: I would draw the attention of the profession to the frequency of cardiac pain in cases of over-nursing and of blood-poisoning, arising, as it seems to me, from one and the same cause, viz.: the imperfect manner in which vitiated or impoverished blood (controvertible terms, as I think) discharges its duty in sustaining life (nourishing the heart itself, as it may be).

Three days since I saw a poor girl, for such, indeed, she was, suffering from all the serious train of symptoms so common in cases of over-nursing; nor was I much surprised when she told me she had been for the last fourteen months, and still was, nursing her twin offspring. This poor girl presented incipient symptoms of fever. Another poor woman now has dry gangrene of the right thumb and index finger, as the sequelæ of deeply maculated typhus. She had furious delirium during the acute febrile stage. This sufferer had nursed one child for several months, and probably would have escaped without loss of health had she not lived in an unhealthy locality. In such cases the illness is too often put down to the fault of the nursing only.

Turpentine in Hydatids.

A writer in the *Australian Medical and Surgical Review* recommends from experience the use of turpentine in hydatids of the liver or brain. The following is the prescription given:

R.	Quin. sulph.,	gr. ½.
	Terebinth. venet.	gr. ijss.
	Pulv. rad. glycyr.	q. s. M.

Ft. pil. No. j.

One such is to be taken three times a day before meals. It is also useful in tapeworm. Another prescription is: Turpentine 1 oz, tincture of opium one drachm, tincture of buchu four drachms, treacle three oz., strong decoction of kousso, as much as made an eight oz. mixture. Of this take a tablespoonful at first every three, then every four hours, and afterwards three times a day.

Monobromide of Camphor.

Dr. Bournville, of the Paris School of Medicine, strongly advocates the therapeutical employment of this compound in cases of delirium tremens, epilepsy, hysteria, infantile convulsions (due to the irritation of teething), chorea, paralysis agitans, etc. He gives the results of numerous interesting experiments, and also the histories of various cases treated successfully. In hydrophobia, tetanus, and epilepsy, he recommends a solution of the monobromide in alcohol and glycerine to be injected under the skin.

The formula for this substance is $C^{10}HO^{16}$ Br.

"Hodgkin's Disease."

In the July number of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE will be found an interesting description of some cases of this disease. In the recently published contribution of Hebra, on Skin Diseases, by his assistant, Dr. Kaposi, the latter gives the following allied case which he thinks is unique:—

Patient unmarried female, æt. 32, quite healthy otherwise. Imbedded in the cutis all

over the body there were hundreds of brownish tumors, the size of lentils, projecting superficially, and to an equal degree into the areola tissue under the skin. They had existed from childhood, but had latterly increased. One tumor was excised, and upon microscopic examination was found to consist of intercommunicating lymphatics, the blood-vessels being of normal size.

The Prevention of Dental Caries.

In an article in the *Dental Cosmos*, Dr. Flagg states that he has found repeatedly the most beneficial effects produced by the administration of medicines which, used locally in the seemingly accepted method of experiment, would be disastrous in the extreme; for example nitro-muriatic acid will be recognized as eminently destructive of tooth-tissue. He has not seen a case of dental caries which he could attribute to the use of any acid medicine, while he has again and again seen remarkably prompt cessation of dental tenderness and tendency to caries, resulting from local weakness of tooth-structure consequent upon long-continued biliary difficulty, from the administration of fifteen to twenty drops of nitro-muriatic acid daily.

On Metachloral.

M. Limousin lately exhibited to the Société de Thérapeutique specimens of metachloral, an insoluble isomeric form of chloral, and crayons of hydrate of chloral. The crayons are obtained by mixing the chloral hydrate with a little gum, and then covering them with a thin layer of paraffin to protect them from moisture. Several authors have already called attention to the external use of chloral in the treatment of ulcers, hospital gangrene, and ulcerative pemphigus, and metachloral possesses the advantage of being less caustic than chloral hydrate, not deliquescent, and of a less irritant odor. If necessary, it may be mixed with lycopodium or other inert powder.

A Mistake of Ours.

We regretted to see in the Pittsburg *Dispatch*, lately, a fulsome notice of an operation by an ophthalmic surgeon there. What hurt us worse was that we have recently admitted an article from that same surgeon to our own pages. Closer reading of the article, or the sight of such a newspaper paragraph, either of them, would have led to a different disposition of it at our hands.

Correspondence.

On Shoulder Presentation.

Ed. Med. and Surg. Reporter:—

In the Reporter of September 12th, 1874, No. 915, I noticed an article from John H. Parvis, M. D., of Black Bird, Newcastle Co., Del.

I should like to state what a Hoosier doctor would do in such a case as he has reported. The circular fibres of the uterus being firmly contracted upon the protruding arm, I would have put my patient under the influence of opium or chloroform (opium being my preference) until the os would have been softened and dilatable, which would not have been to exceed an hour and a half, and probably not more than half the time, then I would have introduced the hand and grasped and brought down the feet and delivered. That is the mode of procedure with us in Indiana, and we have in similar cases so often tried it, that we have confidence in it. If the gentleman should ever meet with another similar case, do not amputate until you try opium; at least it is certainly worthy a trial. I speak from experience, having met with several very similar cases within the last twenty-eight years. J. E. Lyons, M. D.

Huntington, Indiana.

News and Miscellany.

Death of Dr. Anstie.

The untimely death of Dr. Francis Edmund Anstie will grieve many readers on this side of the ocean, also, who knew him well as editor of *The Practitioner*.

On Sunday, September 6th, he wounded a finger of his right hand in a post-mortem examination of a child. He complained of his arm on Tuesday and Wednesday, and poulticed his axilla on the latter day; but, although he had spoken about his arm to two or three medical friends, he never seriously consulted any one till Thursday. Coma, pleuro-pneumonia, and erysipelatous patches on the pectoral region of the side where the hand was wounded, appeared; and he died at 2.30 on Saturday, with symptoms of clot in the heart, forty-one years of age.

He was the author of works on "Stimulants and Narcotics (1869)," of the articles "Alcoholism" and "Neuralgia," in Dr. Reynold's "System of Medicine," and of "Notes on Epidemics in 1866." These published works, however, represent but a small portion of the literary work which he did. He edited the *Practitioner* from its commencement, and contributed numerous articles to various journals, reviews, yearbooks, etc. For the last ten years, his labor was great; and he scarcely ever allowed himself rest.

We regret to add that he leaves a young family insufficiently provided for.

Death of Dr. McNaughton.

This Nestor of the American profession met his death, in Paris, September 12th, from disease of the heart. A sketch of his life appeared in this journal so recently that we need not repeat its particulars. His loss will be felt widely and deeply.

The Yellow Fever.

This epidemic, which has prevailed at several Southern stations, especially at Pensacola, is now on the decrease. A surgeon despatched to Pascagoula, Mississippi, by the Treasury Department, recommends the raising of the quarantine at that place. He calls its establishment "a big scare."

Death from Chloroform.

At Boston, on Saturday, October 3d, in the case of Linscott, who died in a dentist's chair from the inhalation of chloroform, the coroner's jury declared themselves of the opinion that, with our present knowledge of chloroform, its use as an anæsthetic is wholly unjustifiable, and they recommended the passage of a law forbidding its administration.

Cumberland Co. Pa. Medical Society.

At a meeting of this society at Newville, September 1st, the following officers were elected: For President, Dr. W. G. Stewart; Vice-President, Drs. H. R. Williams and J. R. Bixler; Corresponding Secretary, Dr. R. L. Sibbet; Recording Secretary, Dr. J. C. Claudy; Treasurer, Dr. S. P. Zeigler; Censors, Drs. E. N. Mosser, E. B. Brandt, W. M. Witherspoon, W. H. Lauman and D. D. Hays.

Academy of Dental Science.

The seventh annual meeting of the American Academy of Dental Science took place in Boston on the 28th ult. The following officers were elected for the ensuing year: President, Dr. Joshua Tucker; Vice President, Dr. L. D. Shepard; Recording Secretary, Dr. W. L. Tucker; Corresponding Secretary, Dr. E. N. Harris; Treasurer, Dr. G. T. Moffatt; Librarian, Dr. J. Clough; Board of Censors, Drs. E. G. Tucker, J. L. Williams and W. W. Codman.

The Black Plague.

Heavy mortality is reported from an epidemic in Southern Arabia. It seems to be nothing less than the black plague which formerly depopulated Florence, and it is certain that it has appeared in great extent in the neighborhood of Mecca and Medina. The official reports from these places give the most frightful description of this horrid disease. Its chief symptoms consist in the formation of buboes, which, once they appear, leave no hope of recovery.

—Thirty-nine medical students were arrested in Buffalo, N. Y., for body-snatching.

Personal.

—Dr. J. M. Leupoldt, ordinary Professor of Pathology, General Therapeutics, Psychology, and History of Medicine, in the University of Erlangen, died on August 21st, at the age of eighty. Dr. Leupoldt had been actively engaged in lecturing since his appointment, nearly fifty years ago, to the chair of Medicine, the duties of which he continued to fulfill to within a short period of his death. Beyond the sphere of his own academical activity, he was best known by his comprehensive work on the "History of Medicine," published in 1863.

—In the Circuit Court at Paterson, N. J., October 1, the Jury returned a verdict of $5000 damages against Dr. Norton C. Ricardo, for malpractice in the treatment of a boy's broken arm, whereby the boy lost the arm, and nearly lost his life.

—Among the curiosities at the Pennsylvania State Fair, at Easton, was George Labar, of Monroe, Co., one hundred and twelve years old.

—Dr Abdullah Bey, of Constantinople, well known both as a geologist and physician, died recently in that city.

—Dr Arthur Jacob, ex-president of the Royal college of surgeons of Ireland, and long proprietor of the Dublin *Medical Press*, died last month, at the age of eighty-four years.

—Belgium has lately lost the able and accomplished secretary of her Royal Academy of Medicine, Dr. J. Romuald Marinus, titular member of that body, and officer of the Order of Leopold. The deceased gentleman was in his seventy-fifth year.

—Dr. D. K. Shoemaker has been detailed port physician to Philadelphia.

Items.

—It is stated that an agent of the Prussian Government has purchased Lake Weepanapee, in Union county, New Jersey, for the raising of leeches, trout and salmon. The leeches are to be used for medical purposes, and the trout and salmon to stock the Prussian rivers. The lake has an area of two hundred acres.

—A board of naval surgeons has been in session at Washington, to examine those desirous of entering the medical corps of the navy. There are twenty-one vacancies to be filled.

QUERIES AND REPLIES.

Hemorrhoids.

Mr. Editor:—Is there any *painless* treatment known to the regular profession, for the radical cure of hemorrhoids? D. F. N.

Illinois.

Hot Springs, Ark.—Dr. J. F., of New York. Yes, but with proper auxiliary treatment.

DEATHS.

BATEMAN.—In Cedarville, N. J., August 23d, 1874, Mrs. Cornelia H., wife of Dr. Robert M. Bateman, and only child of Dr. E. E. Bateman, aged 32 years.